

# First Nations Health Council Health Directors Association

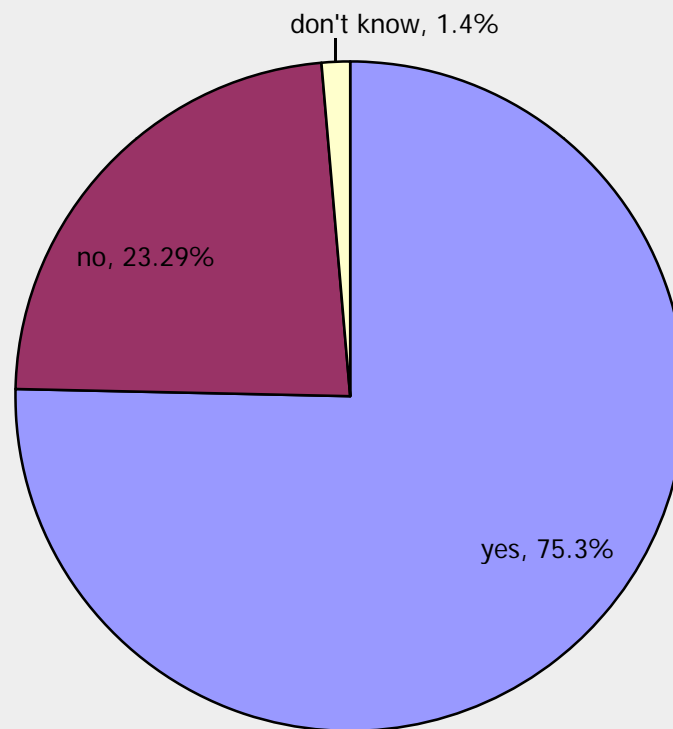
Survey Results

# Background

- BC First Nations Health Directors have met to discuss structure and functions of the Association for many years.
- Sub-Committee of 10 Health Directors compiled a list of recommendations for the Association's structure based on a knowledge gained from a variety of meetings
- The survey was based on information, which would assist in the development of the Association.
- Survey circulated both by mail and on the FNHC website for input from BCFN Health Directors and health leads.

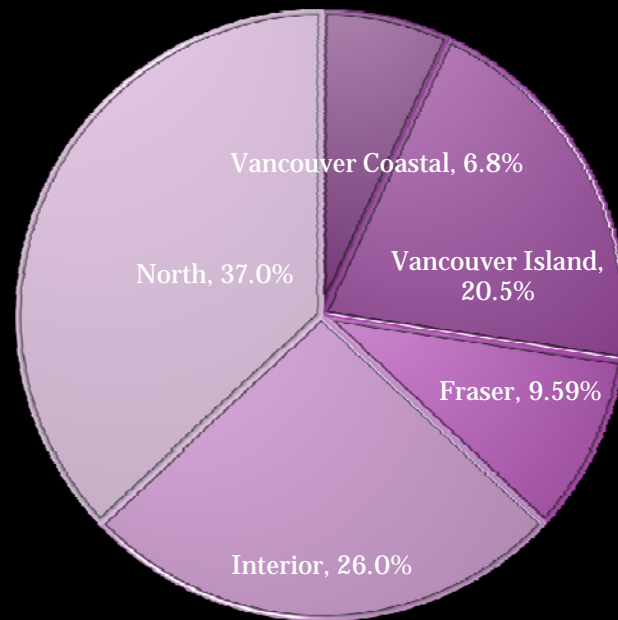
# Demographics

Are you the health lead/director in your community?

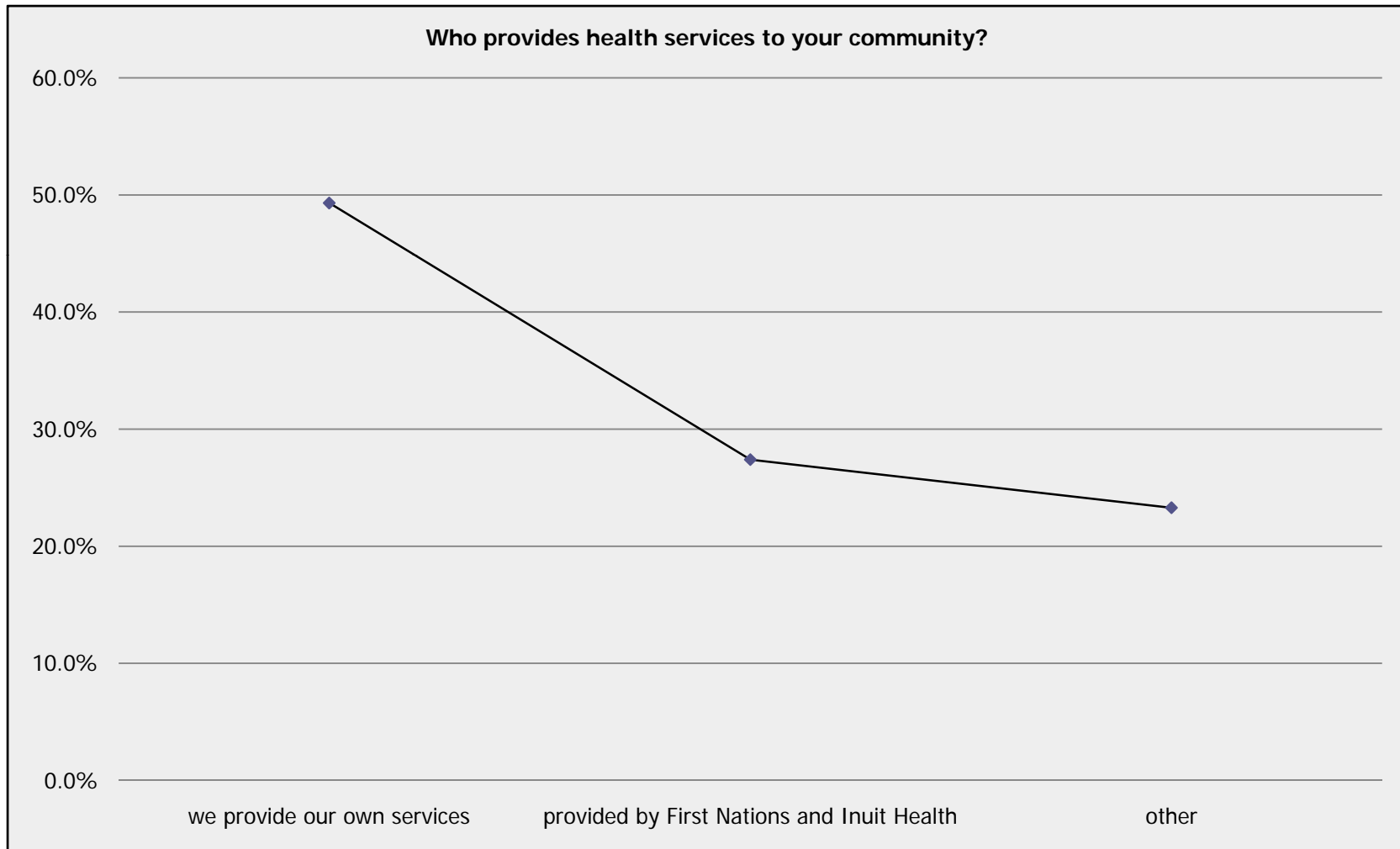


# Health Regions

**Which health authority region(s) does your community access services through?**

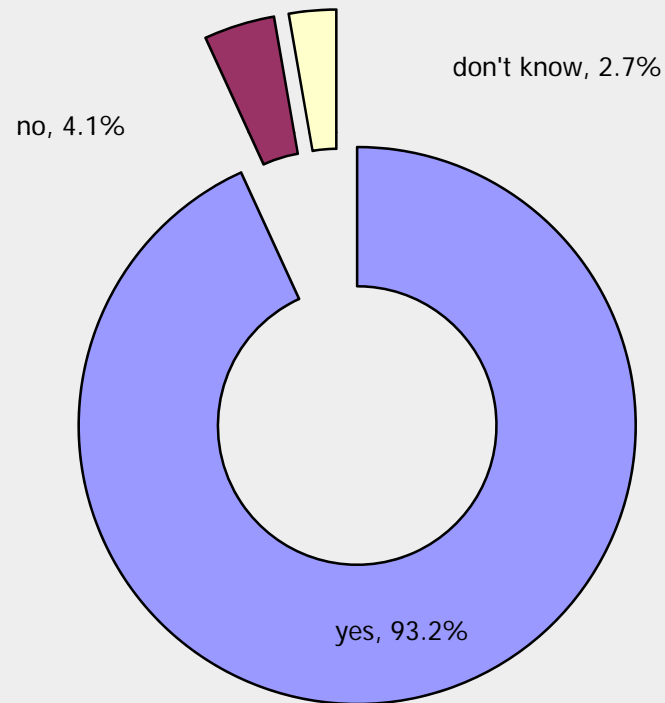


# Provider of Health Services

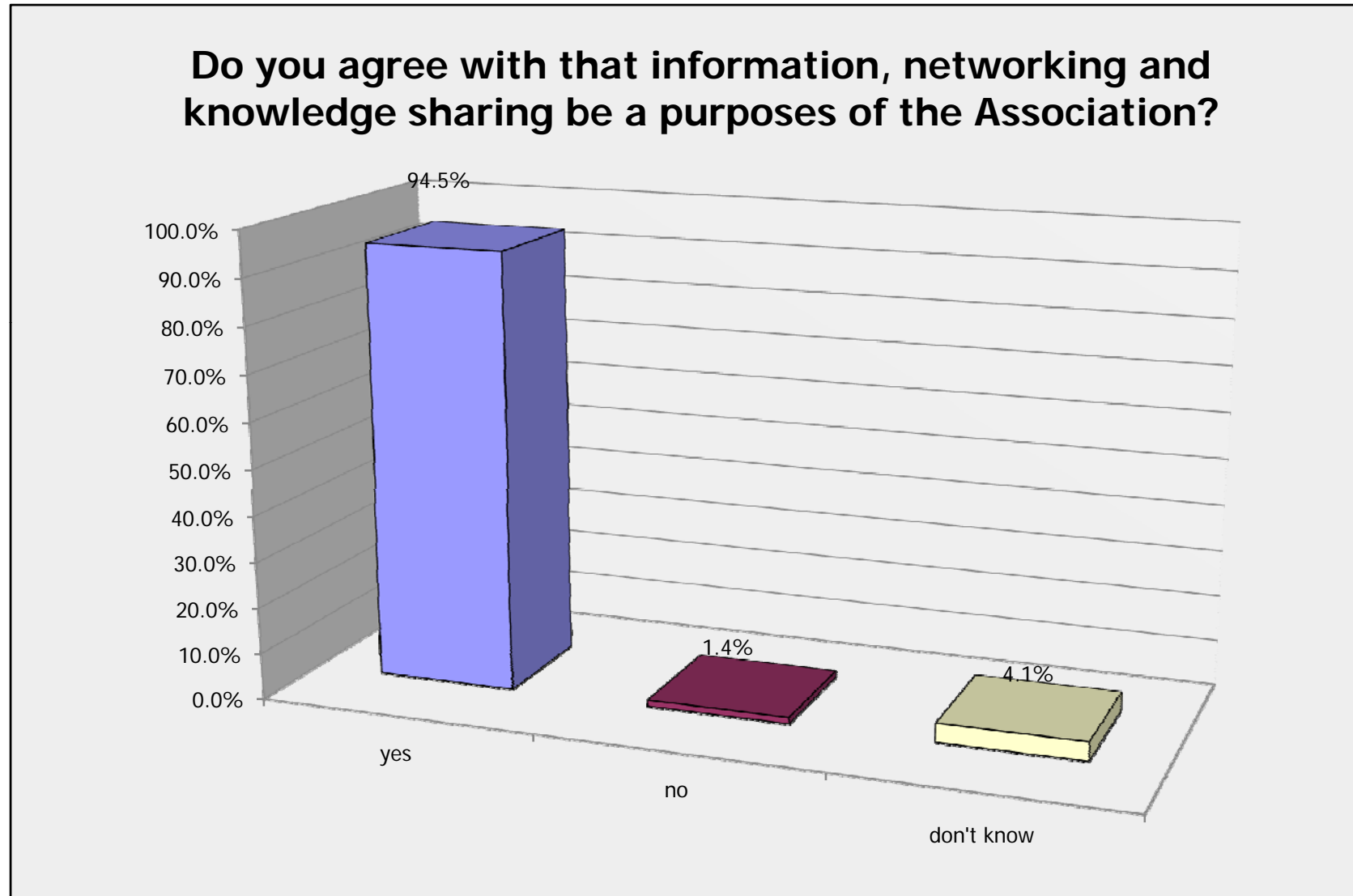


# Purpose Of The Association

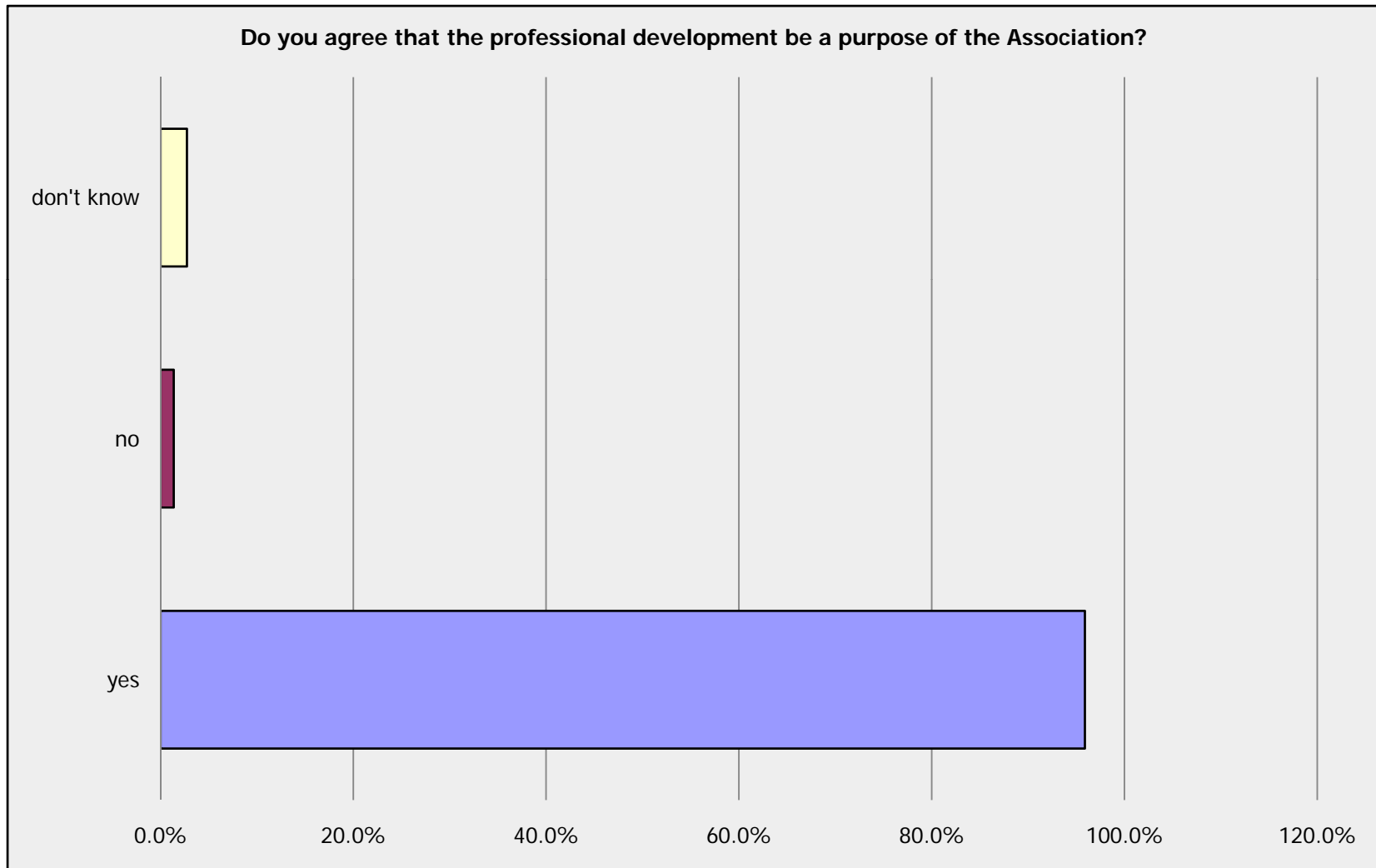
**Do you agree that policy and advocacy be a purpose of the Society?**



# Purpose Of The Association

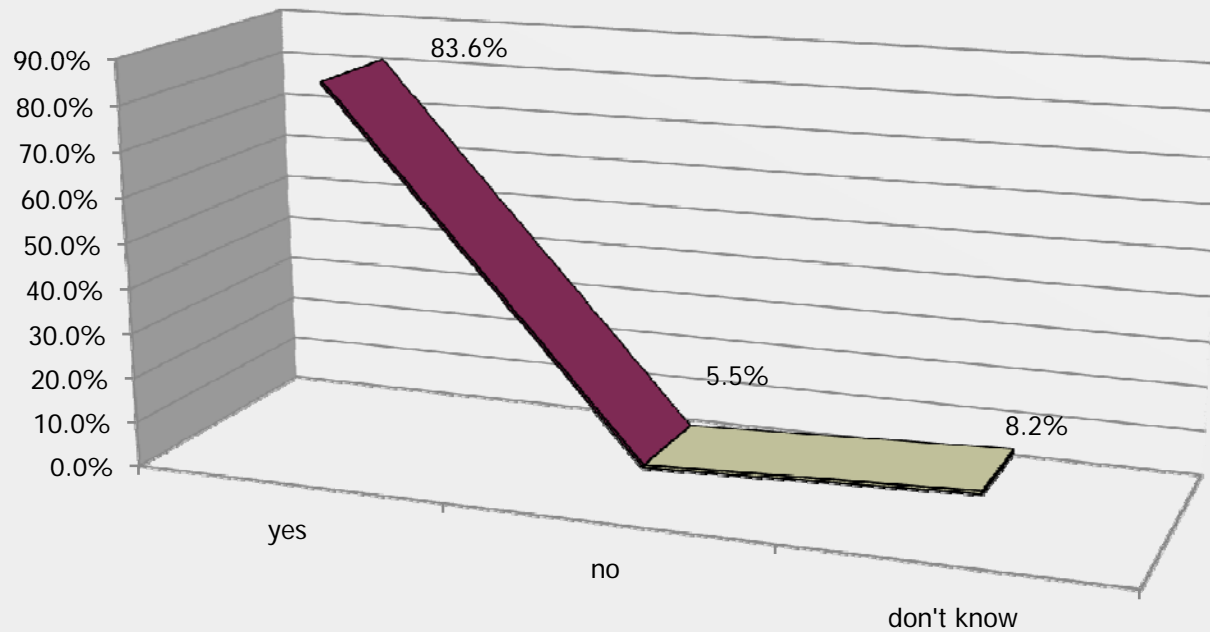


# Purpose Of The Association



# Purpose Of The Association

Do you agree that developing and maintaining board the Association as one of the purposes of the Association?



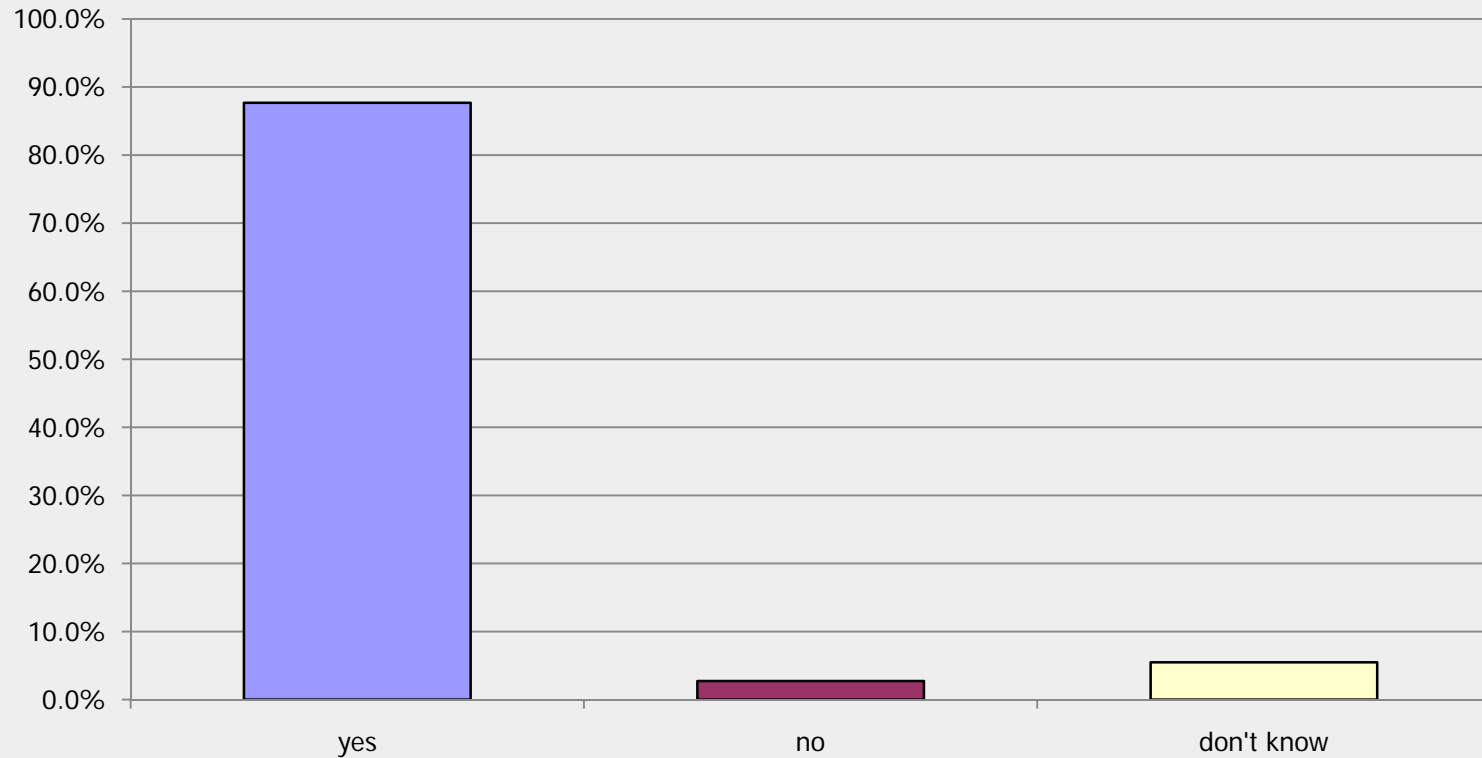
# Purpose Of The Association

## **Other Recommendations:**

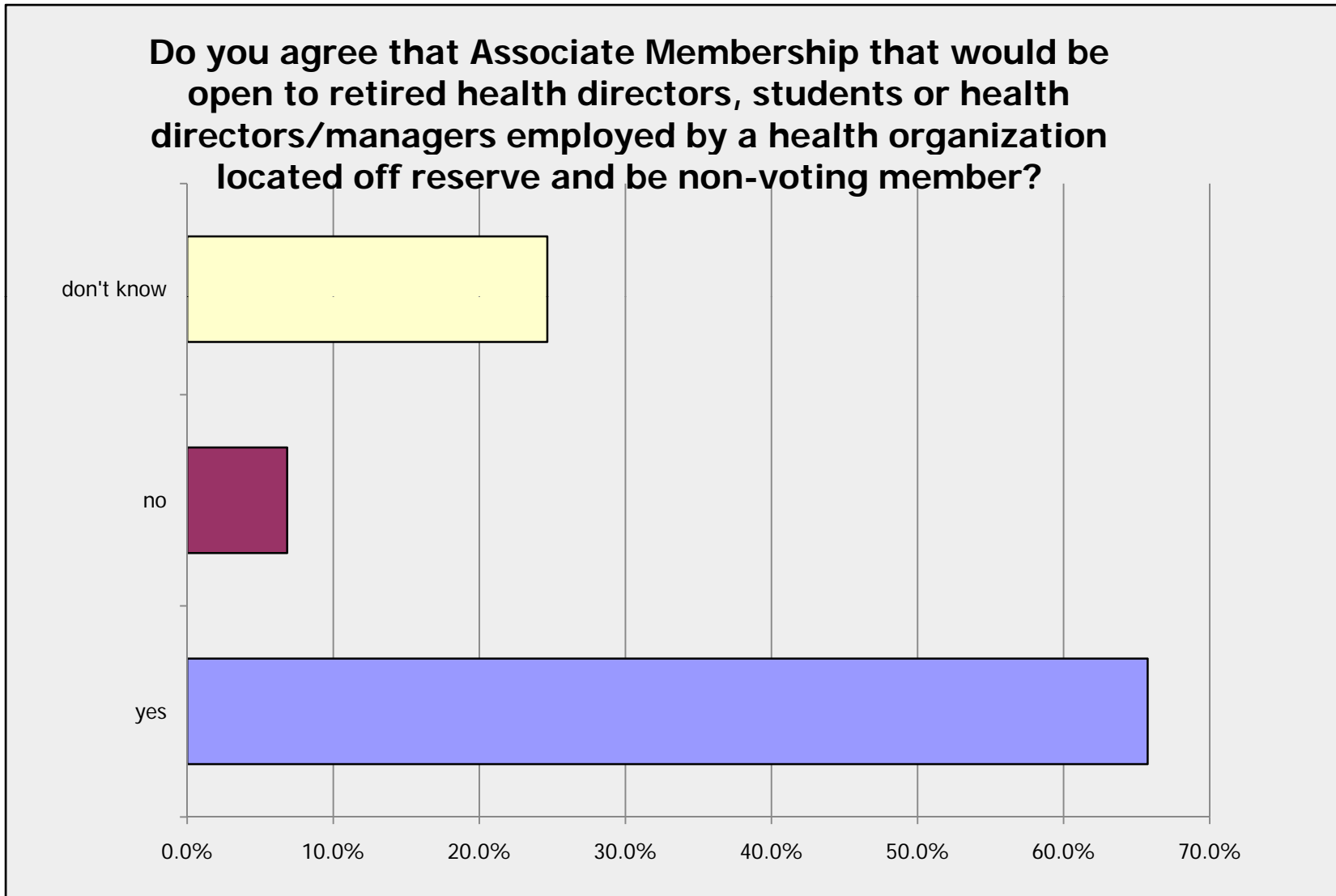
- Capacity development, which could include CHR courses, health director's diploma programs, with annual provincial conferences that link with national conferences
- Develop strong communication links between the communities and the Association
- Advocate for the Canadian health legislation and regulations ie. *Canada Health Act*
- Develop a Northern Administration Office
- Services provided should be equitable at the community level.

# Full Membership

**Do you agree that Full Membership would be open to all health directors/managers responsible for the management and administration of the health programs/services. employed by a First Nation community and be a voting member?**



# Associate Membership

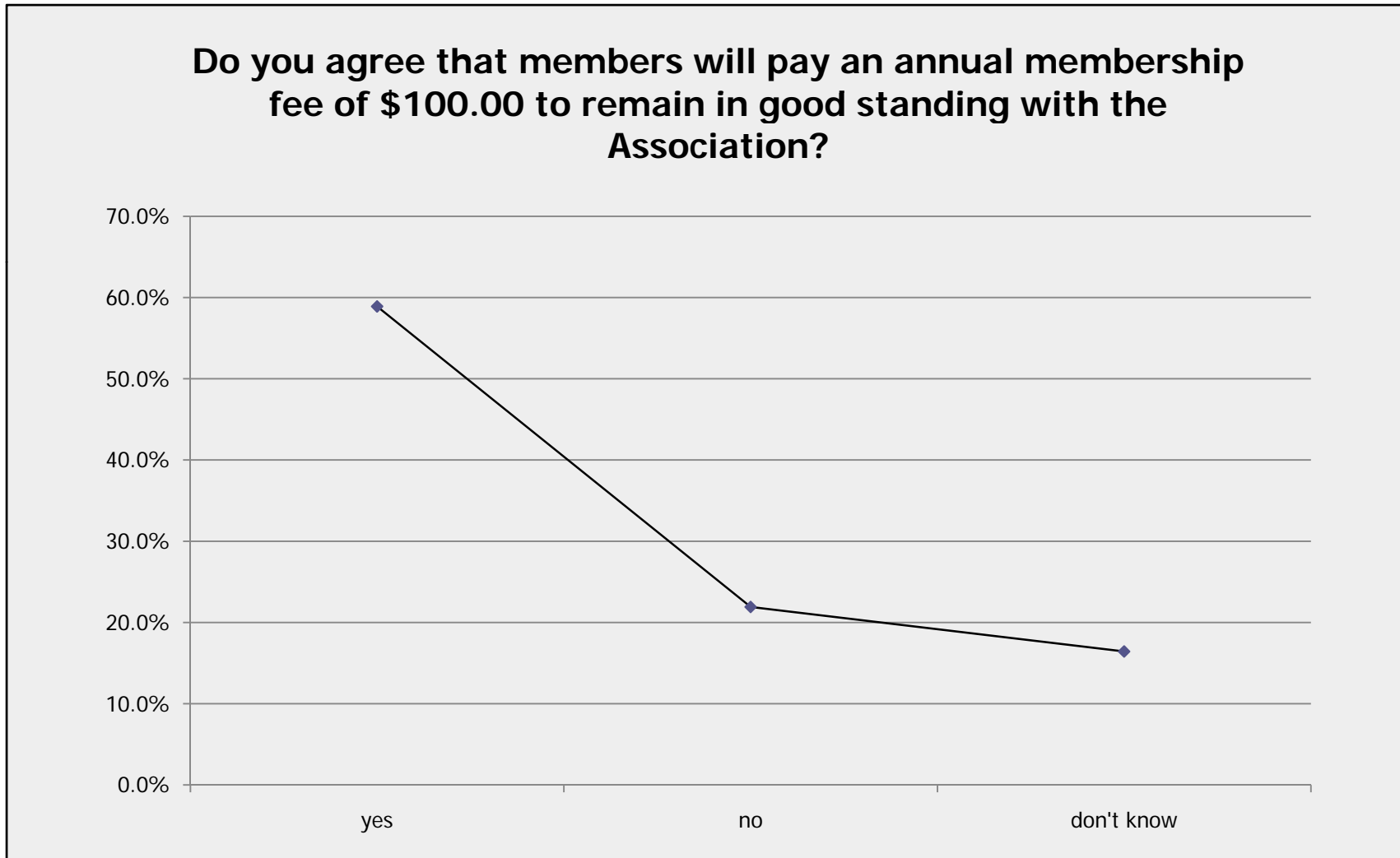


# Associate Membership

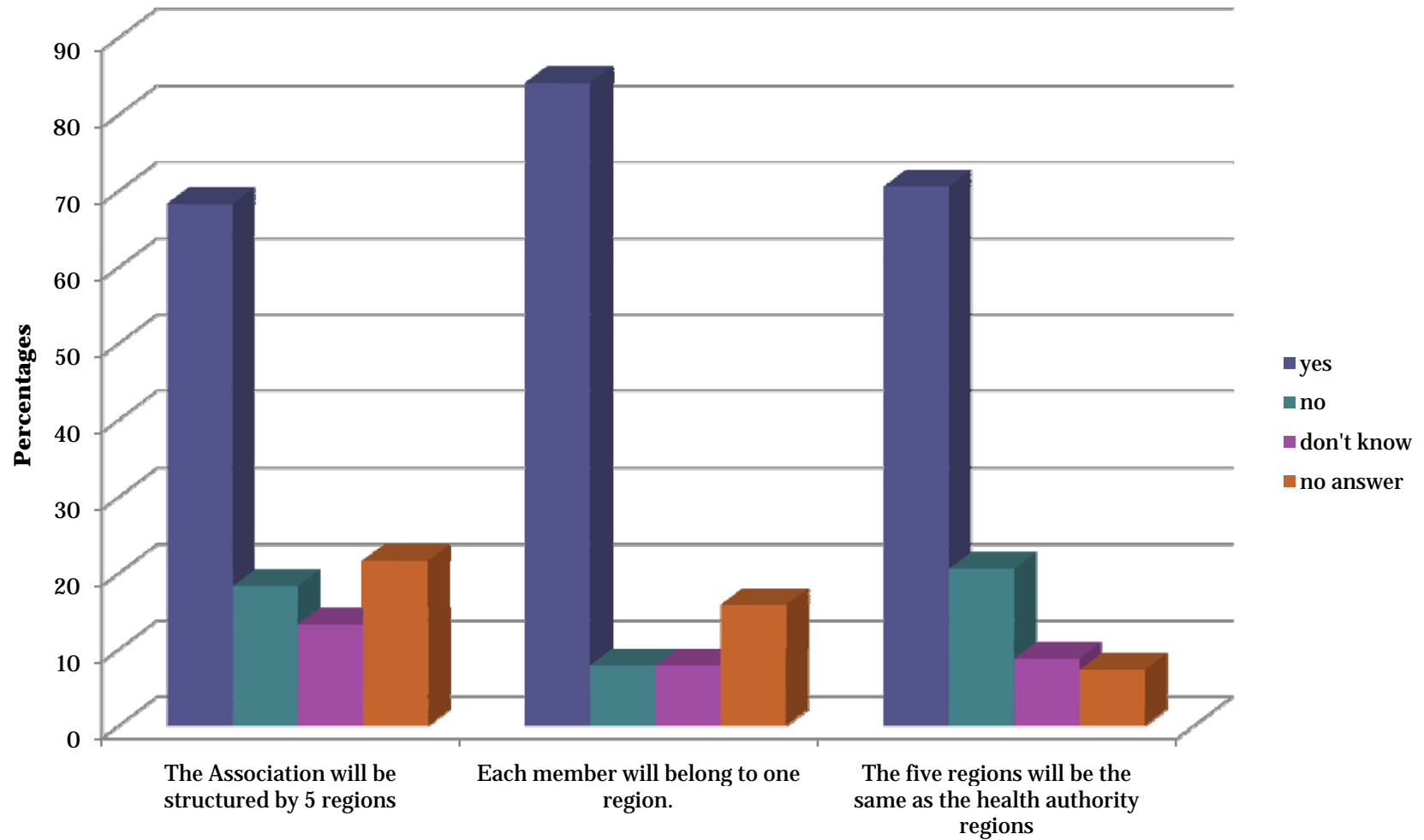
## **Other Recommendations:**

- Whether nurses who are health directors present a conflict of interest?
- Whether associate members will be able to make recommendations at conferences and meetings or through their leadership?
- Do the members have to be First Nations?
- Will a health director's position for voting members be maintained only as long as that person is employed as a health director?
- Can Health Canada employees be Associate Members?
- Whether a separate category will be included for Elders or can they be Honorary Members

# Membership Fees



# Regional Structure

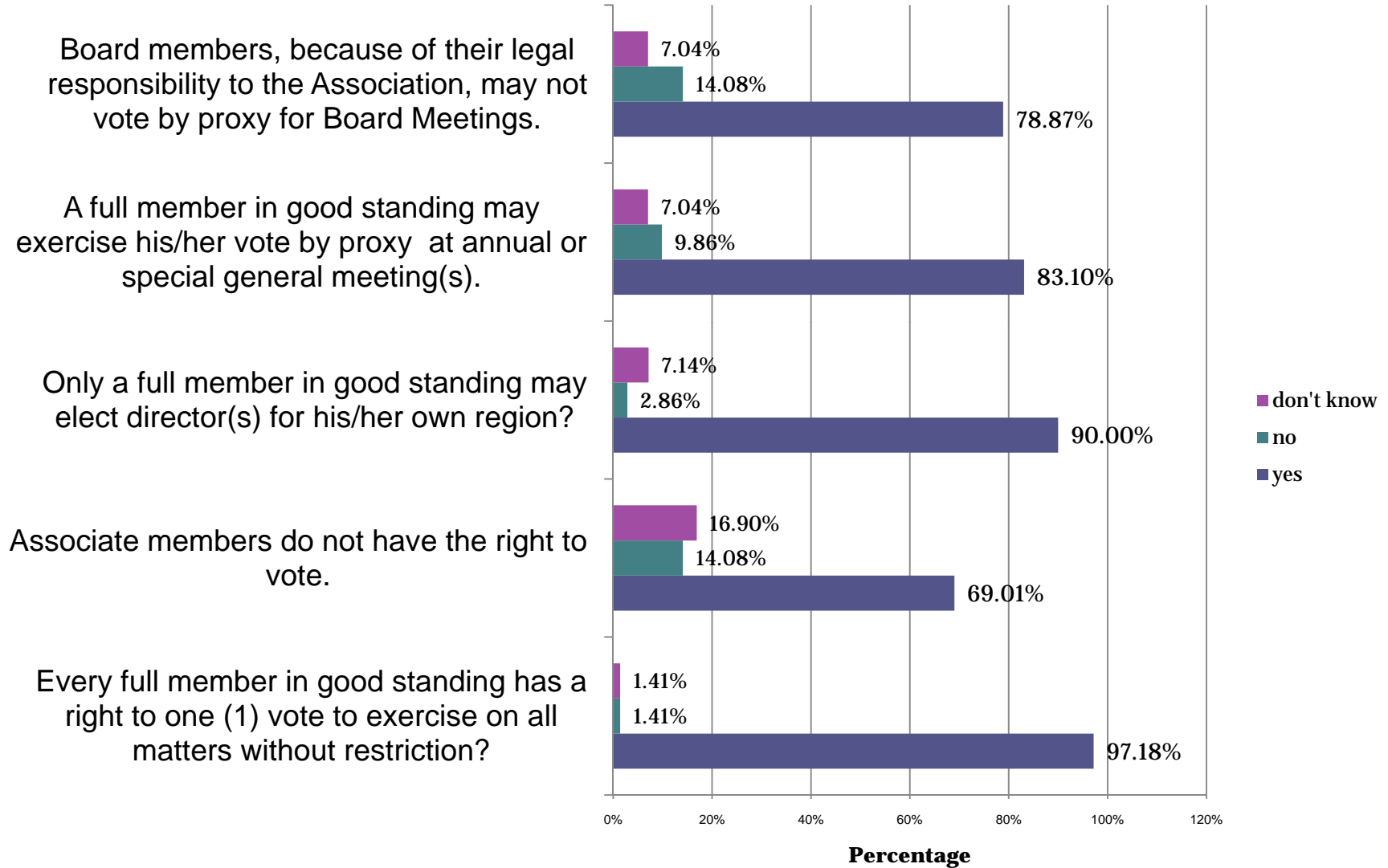


# Regional Structure

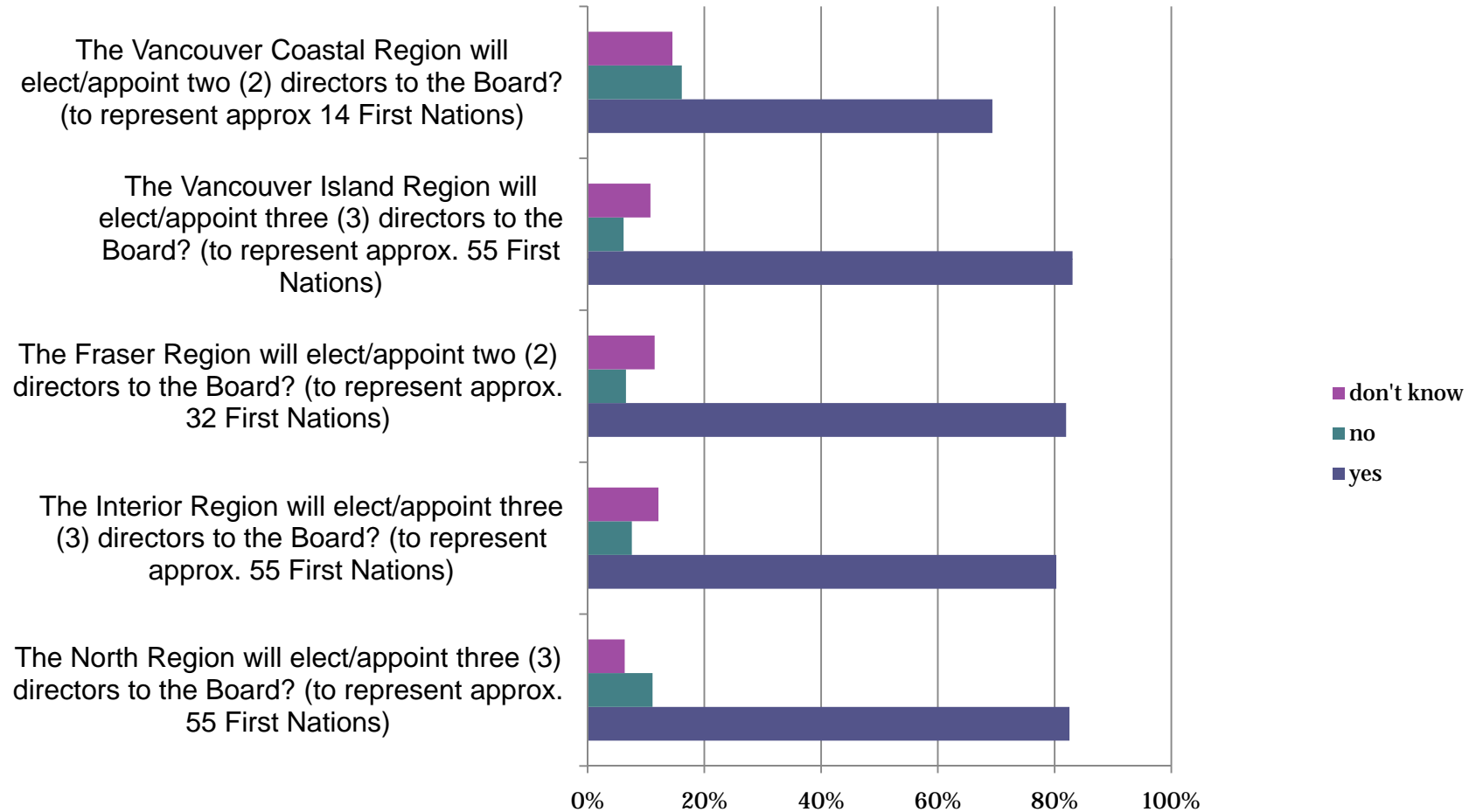
## **Further Suggestions:**

- More northern representation because of the large geographic land mass and the high number of Northern Bands
- Northern region include three sub-groupings for travel
- Each Region should be comprised of First Nations groups representing different needs ie. Language groupings
- Current regional structure as a model, considering the diversity.
- One member per Band for each region
- Tribal Council groupings be considered
- Revolving Chair between all five regions
- Consider more representatives for each region

# Voting At General Meetings



# Board Of Directors



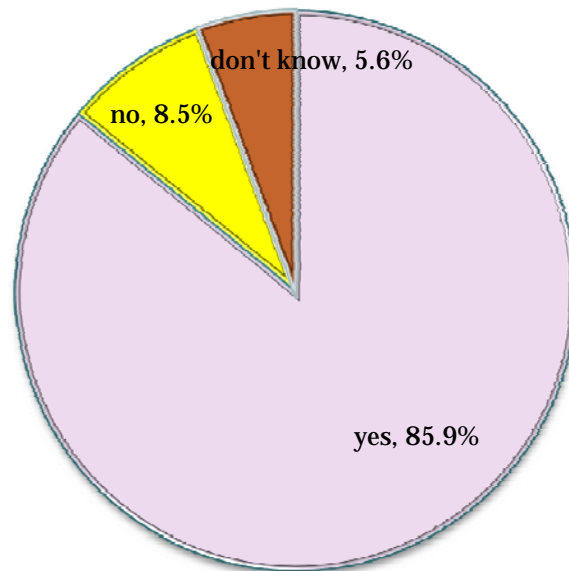
# Regional Structure

## **Further Suggestions:**

- Cost of travel
- Remoteness and large geographical setting of the Northern Region
- Is 2-3 representatives will enough?
- Representation based on population/determined by a ratio that is the same for every Region
- Child Welfare process had Nations to ensure voices were being heard

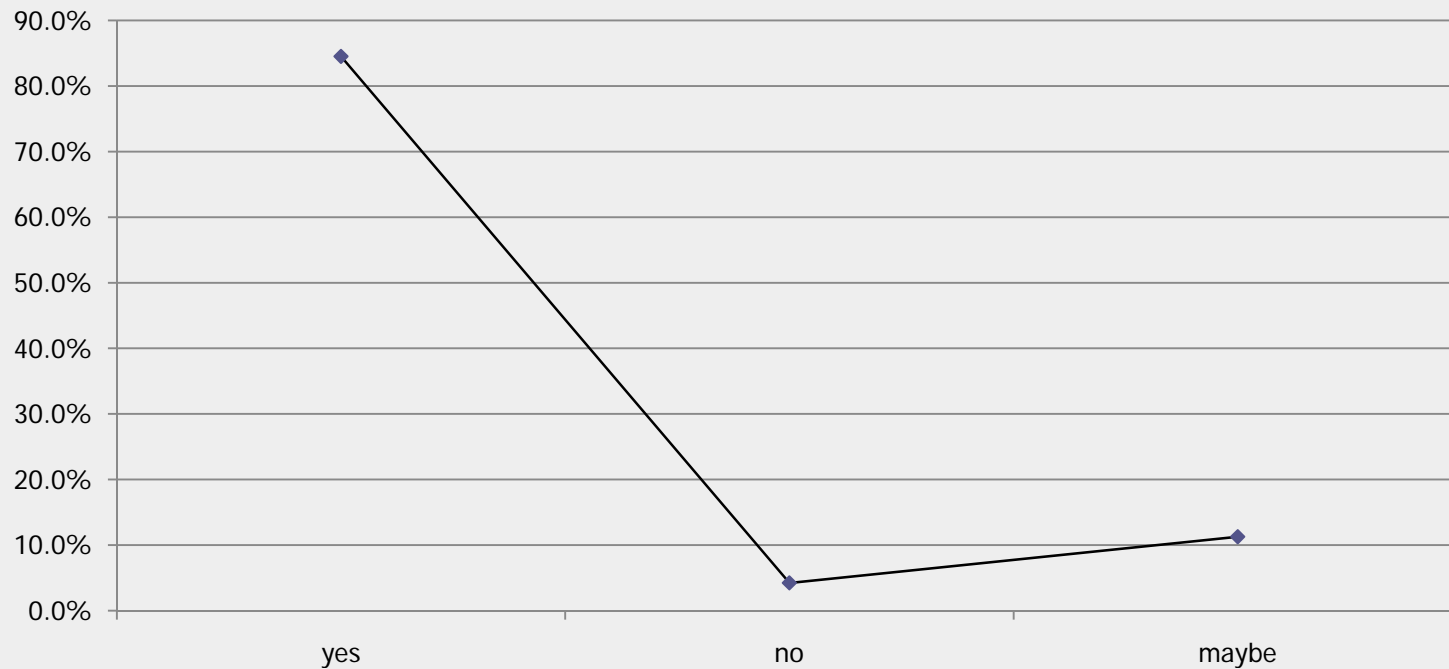
# Appointment of Officers


**Do you agree that the directors will appoint officers to manage the Association?**



# Remuneration of Directors

**Do you agree that the Association's directors and officers may be reimbursed for travel, expenses, and partial wage recovery while performing their duties at a level set at the Annual General Meeting by the members-at-large?**





Positive response to the model structure but some participants suggest:

- Clear guidelines should be put in place and an application process to focus on criteria stressing qualified/educated *First Nations people for the appointment of officers*;
- Stronger two-way and timely communications with community members and community health representatives to keep them involved in all discussions and informed of all meetings.
- There should be transparency and accounting for money spent by the Association;
- Attention to any conflict of interests for members or Board members in good standing with the right to vote;
- The Association should strive to become accredited within two to three years to ensure efficient and effective operation